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AUG 11 2014

FCC Form FCC Mail Room Approved by OMB **Mobility Fund** Phase 1 - §54.1009 Annual Reporting OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours **Data Collection Form** 518005 <010> Study Area Code Union Telephone Company <015> Study Area Name 2014 <020> Program Year <030> Contact Name: Person USAC should contact CHRIS RENO with questions about this data <035> Contact Telephone Number: 3077826131 ext. Number of the person identified in data line <030> <039> Contact Email: CRENO@UNIONWIRELESS.COM Email of the person identified in data line <030> (check box when complete) <040> Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N) <040> Form481UnionWireless519905.pdf <041> Attach a description of the documents filed with the Form 481 reporting <041> <042> 519905 <042> Cite the Study Area Code (SAC) for the Form 481 reporting Cite the date of the Form 481 reporting <043> 06/26/2014 <050> Carrier Contact Information (has the contact info. changed since prior filing? Yes or No) (If yes, complete the attached worksheet) <060> Coverage and Performance Report (complete attached worksheet) <070> Urban Rate Comparability Certification (complete attached certification) <080> Tribal Lands Reporting (y/n?) (Does this study area cover tribal lands? Yes or No) (If yes, complete the attached worksheet) <090> Project Update Information (complete attached worksheet) < 090> <100> Certifications <101> Reporting Carrier Certification <101> (complete attached certification) <102> **Agent Certification** (complete attached certification) <102>

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

No. of Copies rec'd_	0
List ABCDE	

(050) Carr	rier Contact Form	AND THE RESERVE TO TH		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		518005	
<015>	Study Area Name		Union Telephone Company	
<020>	Program Year		2014	
<030>	Contact Name - Person USAC should contact regarding		CHRIS RENO	
<035>	Contact Telephone Number - Number of person identif		3077826131 ext.	
<039>	Contact Email Address - Email Address of person identif	fied in data line <030>	CRENO@UNIONWIRELESS.COM	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	0001630201		
<111>	Filing Carrier Name	UNION TELEPHONE COMP	ANY	
<112>	Winning Bidder Carrier Name	UNION TELEPHONE COMP		
<113>	Street Address (or PO Box)	PO BOX 160	100	
<114>		MOUNTAIN VIEW	The state of the s	
	City			
<115>	State	MĀ		199900000000000000000000000000000000000
<116>	Zip-Code	82939		
<117>	Telephone Number	3077826131 ext.	100	
<118>	Fax Number	3077826913		
<119>	Email Address	creno@unionwireless.	com	
<120> <121> <122> <123> <124> <125> <126> <127> <128>	if same as above, indicate in this box Name (First, MI, Last, Suffix) Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number Email Address	CHRIS RENO UNION TELEPHONE COMPA PO BOX 160 MOUNTAIN VIEW WY 82939 3077826131 ext. 3077826913 creno@unionwireless.com		
Authorize	d Agent Information if no agent, indicate in this box			
<120>	Name (First, MI, Last, Suffix)			
<121>	Company			
<122>	Street Address (or PO Box)			
<123>	City			
<124>	State			
<125>	Zip-Code			
<126>	Telephone Number			
<127>	Fax Number			
	I GA INGINIDEL			
<128>	Email Address			

(060) Co	verage and	Performanc	e Report								Ap prove OMB Con Page 3 of	d by OM trol No.	B 3060-1185
<010>	Study A	ea Code					518005						
<015>	Study Ar	ea Name					Union '	Telephon	e Company				
<020>	Program	Year					2014						
<030>	Contact	Name - Perso	on USAC should	contact regardin	g this data		CHRIS	RENO					
<035>	Contact	Telephone N	umber - Numbe	r of person ident	ified in data lin	ne <030>	307782	6131 ext					
<039>	Contact	Email Addres	ss - Email Addres	ss of person iden	tified in data li	ne <030>	CRENOS	UNIONWIR	ELESS.COM				-10.07
<140>	Coverag	e and Perfor	mance Report Ye	ear 07/2013	- 12/2013								
		Electr	onic Shapefiles	attachments	51	8005_CPRde	f_WY_A	R_2014-0	7-31_2-09-	28-pm.zip	•		
					Na	me of Attach	ed Docui	ment (.zip)					
							-						
		Drive	Test Results at	tachments	1								
		Drive Test Results attachments											
					Nan	ne of Attache	d Docun	nent (.zip)	***				
					1								
		Scatte	ered Site Test Re	sults attachmen	ts								
					Nan	me of Attache	ed Docum	nent (.zip)	21.0.00				
		July 2000				A SEAN SERVI	20 10	9 200		OF SKIP		SPARK N	
<141>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>		3>	<c1></c1>	<c2></c2>	<c3></c3>	<d></d>	<e></e>	<b-< td=""></b-<>
	State	County	Census Block		Resident Population Newly Reach by Service	Service	ion d by	per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electron ic Shapefil es are uploade d (yes/no)	Result s are upload ed (yes/n	Certify that Scattered Site Tests an uploaded (yes/no)
	-	-									-		
	1	I	1	1				1	1	I	1	1	I

Percentage of Total
Population Reached by
Service

Percentage of Total
Road Miles covered
by Service

(070) Urban Rate Comparability Certification Compliance	FCC Form 690
	Approved by OMB
The second control of	OMB Control No. 3060-1185
	Page 4 of 8

<010>	Study Area Code	518005
<015>	Study Area Name	Union Telephone Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	CHRIS RENO
<035>	Contact Telephone Number - Number of person identified in data line <030>	3077826131 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	CRENO@UNIONWIRELESS.COM

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4) certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate. Union Telephone Company Name of Reporting Carrier: CERTIFIED ONLINE Date 07/31/2014 Signature of Authorized Officer: Chris Reno Printed name of Authorized Officer: Director of Accounting Title or position of Authorized Officer: 3077826131 ext. Telephone number of Authorized Officer: 518005 Filing Due Date for this form: 07/31/2014 Study Area Code of Reporting Carrier: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

The state of the s	orize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
	reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
	orts and data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Fitle or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can	e punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authoriz	ed to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
l, as agent for the reporting carrier, certify that I am authori	ed to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based of
data provided by the reporting carrier; and, to the best of n	knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Ager	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form car	be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

080) Triba	al Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		518005	
<015>	Study Area Name		Union Telephone Company	
<020>	Program Year		2014	
<030>	Contact Name - Person USAC should contact regarding	this data	CHRIS RENO	
<035>	Contact Telephone Number - Number of person identif	ied in data line <030>	3077826131 ext.	
<039>	Contact Email Address - Email Address of person identi	fied in data line <030>	CRENO@UNIONWIRELESS.COM	
<142>	State	MX		
<143>	County	Fremont Wind River Indian Re	eservation	
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation	\$18005_TLRa5_WY.pdf Name of Attached Docume	ent (.pdf)	

If your company serves Tribal lands, please select (Yes,No, NA) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

ensone e		Select (Yes,No, NA)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	Yes
<147>	Feasibility and sustainability planning;	Yes
<148>	Marketing services in a culturally sensitive manner;	Yes
<149>	Compliance with Rights of way processes	Yes
<150>	Compliance with Land Use permitting requirements	Yes
<151>	Compliance with Facilities Siting rules	Yes
<152>	Compliance with Environmental Review processes	Yes
<153>	Compliance with Cultural Preservation review processes	Yes
<154>	Compliance with Tribal Business and Licensing requirements.	Yes

(090) Project	Update Information		FCC Form 690 Approved by OMB OMB Control No. 3060-1185
The second			Page 6 of 8
<010>	Study Area Code		
<015>	Study Area Name	518005	hone Company
<020>	Program Year	2014	none company
<030>	Contact Name - Person USAC should contact regarding this data	CHRIS RENO	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3077826131	ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	CRENOGUNION	WIRELESS.COM
<200>	Date Authorized to Receive Support	07/29/2	013
<201>	Targeted Completion Date	05/31/2	014
<202>	Total Mobility Fund Support Awarded	2479218	.0
<203>	Total Mobility Fund Support Disbursed	826406.	0
<204>	Support Applied to Network Design	15119.0	
<205>	Support Applied to Construction	574217.	0
<206>	Support Applied to Deployment	237070.	0
<207>	Support Applied to Maintenance	0.0	
<208>	Certify Network will Support 3G Mobile Service (Yes / No)	\odot	0
<209>	Certify Network will Support 4G Mobile Service (Yes / No)	\odot	0
<210>	Actual Completion Date		
<211>	Project Status Description (attached)		PSD_WX.pdf of PDF attached}
<212> <213> <214> <215> <216>	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate. Status of Network Deployment - Network Design Status of Network Deployment - Construction Status of Network Deployment - Deployment Status of Network Deployment - Maintenance Project Budget Status	\frac{\dagger}{\dagger}	
<217>	Project Plan Status	1]

(101) Certification - Reporting Carrier	FCC Form 690
	Approved by OMB
AND	OM8 Control No. 3060-1185
	Page 7 of 8

<010>	Study Area Code	518005
<015>	Study Area Name	Union Telephone Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	CHRIS RENO
<035>	Contact Telephone Number - Number of person identified in data line <030>	3077826131 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	CRENO@UNIONWIRELESS.COM

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for Mobility Fund Recipients

l certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Union Telephone Company

Signature of Authorized Officer: Certified Online Date 07/31/2014

Printed name of Authorized Officer: Chris Reno

Title or position of Authorized Officer: Director of Accounting

Telephone number of Authorized Officer: 3077826131 ext.

Study Area Code of Reporting Carrier: 518005 Filing Due Date for this form: 07/31/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

(102) Certification - Agent / Carrier	FCC Form 690
	Approved by OMB
	OM8 Control No. 3060-1185
	Page 8 of 8

<010>	Study Area Code	518005
<015>	Study Area Name	Union Telephone Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	CHRIS RENO
<035>	Contact Telephone Number - Number of person identified in data line <030>	3077826131 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	CRENO@UNIONWIRELESS.COM

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; m agent; and, to the best of my knowledge, the reports and	is authorized to submit the information reported on behalf of the reporting sponsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent is accurate	
agont, and, to the book of my knowledge, the reports and	a provided to the damented agent to accorded.	
Name of Authorized Agent:		1-0.0
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		100
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		- A-1
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Author	rized to File Annual Reports for Mobility Fund Re	cipients on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am authore control to the reporting reported herein based on data provided by the reporting	그들에서 있는데 지원하다 하는데 있다면 하면 하는데 지원이다면 하는데 이렇게 하지만 하면 하는데 하는데 하는데 되었다면 하는데	ipients on behalf of the reporting carrier; I have provided the data on reported herein is accurate.
Name of Reporting Carrier:		30 H 10 10 10 10 10 10 10 10 10 10 10 10 10
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent:	2.62	
Title or position of Authorized Agent or Employee of Agent	t 2+	
Telephone number of Authorized Agent or Employee of Ag	gent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form	can be punished by fine or forfeiture under the Communications 18 of the United States Code, 18 U.S.C. § 100:	Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title

Attachments

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	518005
<015>	Study Area Name	Union Telephone Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	CHRIS RENO
<035>	Contact Telephone Number - Number of person identified in data line <030>	3077826131 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	CRENO@UNIONWIRELESS.COM
<140>	Coverage and Performance Report Year	07/2013 - 12/2013

(a3) (b1) (b2) (b3) (c1) (c2) (c3) (d) (e) (f) <141> Certify that Certify that Certify that Electronic **Total Resident** Road Miles **Total Road** Drive Test **Scattered Site** Resident Population Shapefiles are Road Miles Resident Population per Census Miles Results are Tests are Population per **Newly Reached** Reached by per Census **Block Newly** covered per uploaded uploaded uploaded Block State County Census Block Census Block by Service Service Reached Census Block (yes/no) (yes/no) (yes/no) 56013940100 0 3951 0 1180.58 0.0 Yes WY 0.0

> Percentage of **Total Population** Reached by Service

0			

Percentage of Total Road Miles covered by Service

0	_		

1 1800	rm 481 - Carrier Annual Reporting Data Collection Form			FCC Form 481 GMB Control No. 3060- July 2013	0986/OMB Control	No. 3060-0819
<010>	Study Area Code	519905				
<015>	Study Area Name	UNION TELEPHONE CO.	DBA UNION CELLUI	AR		
<020>	Program Year	2015	SCSXIII I			
<030>	Contact Name: Person USAC should contact with questions about this data	Chris Reno				
<035>	Contact Telephone Number: Number of the person identified in data line <030>	3077824159 ext.				
<039>	Contact Email Address: Email of the person identified in data line <030>	creno@unionwireless	. com	W		011,-7-7J IF 2000-2JII (500
ANNUA	AL REPORTING FOR ALL CARRIERS				54.313 Completion Required (check box who	54.422 Completion Required
<100>	Service Quality Improvement Reporting		(complete attached wo	ksheet)	√	THE STATE OF
<200>	Outage Reporting (voice)		(complete attached wor	ksheet)	1	
<210>	The second secon	outages to report			1	333777
<300>	Unfulfilled Service Requests (voice)			'		233111
<310>	Detail on Attempts (voice)					
				(attach descriptive do	cument)	
<320>	Unfulfilled Service Requests (broadband)					
<330>	Detail on Attempts (broadband)			(attach descriptive d	ocument)	
<400>	Number of Complaints per 1,000 customers (voice)					
<410>	Fixed 0.0					П
<420>	Mobile 0.0					<u> </u>
<430> <440>	Number of Complaints per 1,000 customers (broadb	and)			1	
<450>	Mobile 0-0					
<500>	Service Quality Standards & Consumer Protection Ru 519905wY510.pdf	ules Compliance	(check to indicate certi	fication)	✓	
<510>			(attached descriptive	e document)	1	
<600>	Functionality in Emergency Situations 519905W610.pdf		 (check to indicate certi 	fication)	✓	
			(attached description de			
<610>			(attached descriptive do	comenty		
<700>	Company Price Offerings (voice)		(complete attached wo	rksheet)		
<710>	Company Price Offerings (broadband)		(complete attached wo	rksheet)		
<800>	Operating Companies and Affiliates		(complete attached wo			THE STATE OF
	Tribal Land Offerings (Y/N)? Voice Services Rate Comparability 519905WY1010.pdf	(if ye	es, complete attached wo (check to indicate certi,		/	
<1010>			(attach descriptive doc	ument)	/	
<1100>	Terrestrial Backhaul (Y/N)?	(if r	oot, check to indicate cert	ification)		
<1110>			(complete attached wa	rksheet)		
	Terms and Condition for Lifeline Customers	nana b—— 1747 1— nana 11 —7217	(complete attached wa	일 맛으라면 다 가게 하는데 다 가게 되었다면 다 가게 되었다면 다 가게 되었다면 다		
	Price Cap Carriers, Proceed to Price Cap Additional D	Documentation Worksh	neet		PL AND PORTS	
<2000>	Including Rate-of-Return Carriers affiliated with Pri	ce Cap Local Exchange		Tanklan 1		
<2000> <2005>	Pate of Peturn Carriers Bressed to DOD Additional	Documentation March	(check to indicate certif (complete attached wor			
<3000>	Rate of Return Carriers, Proceed to ROR Additional	Documentation Works	heet (check to indicate certif	ication)		
<3005>			(complete attached wor			

	ervice Quality Improvement Reporting illection Form		FCC Form 481. OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	519905	
<015>	Study Area Name	UNION TELEPHONE CO. DBA UNION CELLULAR	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Chris Reno	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3077624159 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	creno@unionwireless.com	
<110>	Has your company received its ETC certification from the FCC?	(yes/no) O •	
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) O O	
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	519905WY112.pdf company is a	
	Please check these boxes below to confirm that the attached documents(s), on li 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	ne	Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets		
<114>	Report how much universal service (USF) support was received		
<115>	How (USF) was used to improve service quality		
<116>	How (USF)was used to improve service coverage		
<117>	How (USF) was used to improve service capacity		
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.		

(200) Service Outage Reporting (Voice)
Data Collection Form

<220>

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	519905
<015>	Study Area Name	UNION TELEPHONE CO. DBA UNION CELLULAR
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Chris Reno
<035>	Contact Telephone Number - Number of person identified in data line <030>	3077824159 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	creno@unionwireless.com

<a>>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
									7		
									-		
									120-21		
					1						A POLYMON

PROPERTY OF STREET	ce Offerings including Voice Rate Data lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	519905	
<015>	Study Area Name	UNION TELEPHONE CO. DBA UNION CELLULAR	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Chris Reno	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3077824159 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	creno@unionwireless.com	
<701>	Residential Local Service Charge Effective Date 1/1/2014		
<702>	Single State-wide Residential Local Service Charge		

	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	// <b3></b3>	 <b4></b4>	<bs></bs> b5>	(C)
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fe
F									
F									
F									
F					0	4bddb4			
F					See a	tached worksheet			
F									
F									
F									

(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	519905
<015>	Study Area Name	UNION TELEPHONE CO. DBA UNION CELLULAR
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Chris Reno
<035>	Contact Telephone Number - Number of person Identified in data line <030>	3077824159 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	creno@unionwireless.com

<711>	<a15< th=""><th><a2></a2></th><th> </th><th><b2></b2></th><th>(c)</th><th><d1></d1></th><th><d2></d2></th><th><d3></d3></th><th><d4></d4></th></a15<>	<a2></a2>	 	<b2></b2>	(c)	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
F									
þ									
E									
				- See attac	hed				
-				worksheet -					
E									
E									
-								10.571	

THE RESERVE	erating Companies ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	519905
<015>	Study Area Name	UNION TELEPHONE CO. DBA UNION CELLULAR
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Chris Reno
<035>	Contact Telephone Number - Number of person identified in data line <030>	3077824159 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	creno@unionwireless.com
<810>	Reporting Carrier Union Telephone Company	
<811>	Holding Company	
<812>	Operating Company	

3>	<a2></a2>	<a3></a3>
Affiliates	SAC	Doing Business As Company or Brand Designation
30-10-10-10-10-10-10-10-10-10-10-10-10-10		
A STATE OF THE STA		
- According to the second seco		

	pal Lands Reporting 2. Section Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	519905	
<015>	Study Area Name	UNION TELEPHONE CO. DBA UNION CELLULA	R
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Chris Reno	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3077824159 ext.	30000000000000000000000000000000000000
<039>	Contact Email Address - Email Address of person identified in data line <030>	crenogunionwireless.com	N 1000 In an annual
<910>	Tribal Land(s) on which ETC Serves	n Arapahoe and Eastern Shoshone	
<920>	Tribal Government Engagement Obligation	wy920.pdf	
	<u> </u>	Name of Attach	ed Document

demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes: <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions. <922> Feasibility and sustainability planning; <923> Marketing services in a culturally sensitive manner; <924> Compliance with Rights of way processes Compliance with Land Use permitting requirements <925> <926> Compliance with Facilities Siting rules <927> Compliance with Environmental Review processes <928> Compliance with Cultural Preservation review processes <929> Compliance with Tribal Business and Licensing requirements.

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920,

	o Terrestrial Backhaul Reporting ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	519905	
<015>	Study Area Name	UNION TELEPHONE CO. DBA U	NION CELLULAR
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Chris Reno	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3077824159 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	creno@unionwireless.com	Marian and American A
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)		
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)		

Lifeline	erms and Condition for Lifeline Customers ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	519905
<015>	Study Area Name	UNION TELEPHONE CO. DBA UNION CELLULAR
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Chris Reno
<035>	Contact Telephone Number - Number of person identified in data line <030>	3077824159 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	creno@unionwireless.com
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	Name of Attached Document
<1220>	Link to Public Website HTTP	
or the we	heck these boxes below to confirm that the attached document(s), on line 1210, ebsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report:	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	Additional charges for toll calls, and rates for each such plan.	

	rice Cap Carrier Additional Documentation			FCC Form 481
	ection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers			
<010>	Study Area Code	519905		
<015>	Study Area Name	UNION TELEPHONE CO. DBA UNION	CELLULAR	
<020>	Program Year	2015		
<030>	Contact Name - Person USAC should contact regarding this data	Chris Reno		
<035>	Contact Telephone Number - Number of person identified in data line <030>	3077824159 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	creno@unionwireless.com	The production of the second s	MANAGES -
CHECK ti	ne boxes below to note compliance as a recipient of Incremental Connect Ameri support as set forth in 47 CFR § 54.313(b),(c),(d),(e)	HT () 시계 : [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	요즘 그리는 이 경기를 가는 것이 되었다. 그리고 있는 사람들은 것이 되었다.	5 등 : : : : : : : : : : : : : : : : : :
	Incremental Connect America Phase I reporting			
<2010>	2nd Year Certification {47 CFR § 54.313(b)(1)}			
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}			
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))			
<2012>	2013 Frozen Support Certification			
<2013>	2014 Frozen Support Certification			
<2014>	2015 Frozen Support Certification			
<2015>	2016 and future Frozen Support Certification			
	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))			
<2016>	Certification Support Used to Build Broadband			
	Connect America Phase II Reporting (47 CFR § 54.313(e))			
<2017>	3rd year Broadband Service Certification		 	
<2018>	5th year Broadband Service Certification		=	
<2019>	Interim Progress Certification			
<2020>	Please check the box to confirm that the attached document(s), on I pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support addresses of community anchor institutions to which began providing preceding calendar year.	t shall provide the number, names,	, and	
		1		
		1		1
<2021>	Interim Progress Community Anchor Institutions	ı		
		1		
			Name of Attached Document Listi	ng Required Information

Data Col	ate Of Return Carrier Additional Documentation lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control July 2013	No. 3060-0819
-		terre contrate per comment and consequent relations and section in the desired contrate and the section and the		
<010>	Study Area Code Study Area Name	519905		
<020>	Program Year	UNION TELEPHONE CO. DBA UNION CE 2015	LULAR	
<030>	Contact Name - Person USAC should contact regarding this data	Chris Reno		
<035>	Contact Telephone Number - Number of person identified in data line <030>	3077824159 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	creno@unionwireless.com		
	the boxes below to note compliance on its five year service quality plan (pursuar CFR § 54.313(f)(2). I further certify that th			ents set forth in 47
(3010)	Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.313(f)(1)(i))			
		Name of Attached Document Listing R	equired Information	
(3011)	Please check this box to confirm that the attached document(s), on line 3 § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addreproviding access to broadband service in the preceding calendar year.	012 contains the required information pursual esses of community anchor institutions to which	at to h began	
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}			
	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report		ormation Yes/No)	
Please	check these boxes to confirm that the attached document(s), on line 3017	, contains the required information pursuant t	§ 54.313(f)(2) compliance requires:	
(3015)	Electronic copy of their annual RUS reports (Operating Report for			
130 -0	Telecommunications Borrowers)		4	
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Ca	sh Flows		
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation			
		Name of Attached Document Listing Required In	formation	
(3018)	If the response is no on line 3014, is your company audited?		(Yes/No) ()()	
	If the response is yes on line 3018, please check the boxes below to			
	confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains			
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a fo		communications	
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Co	asti Flows	<u> </u>	
(3021)	Management letter issued by the independent certified public accountant that	performed the company's financial audit.		
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:			
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,			
(3023)	Underlying information subjected to a review by an independent certified			
	public accountant			
(3024) (3025)	Underlying information subjected to an officer certification. Document(s) for Balance Sheet, Income Statement and Statement of Ca	sh Flows		
(3026)	Attach the worksheet listing required information			

	ion - Reporting Carrier ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	519905
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<030>	Contact Name - Person USAC should contact regarding this data	Chris Reno
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<039>	Contact Email Address - Email Address of person identified in data line <030>	creno@unionwireless.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

l certify that I am an officer of the reporting carrier; my responsibiliti recipients; and, to the best of my knowledge, the information report	ies include ensuring the accuracy of the annual reporting requirements for universal service support ted on this form and in any attachments is accurate.
Name of Reporting Carrier: UNION TELEPHONE CO. DBA UNION (CELLULAR
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/26/2014
Printed name of Authorized Officer: Chris Reno	
Title or position of Authorized Officer: Director of Accounting	
Telephone number of Authorized Officer: 3077826131 ext.	
Study Area Code of Reporting Carrier: 519905	Filing Due Date for this form: 07/01/2014

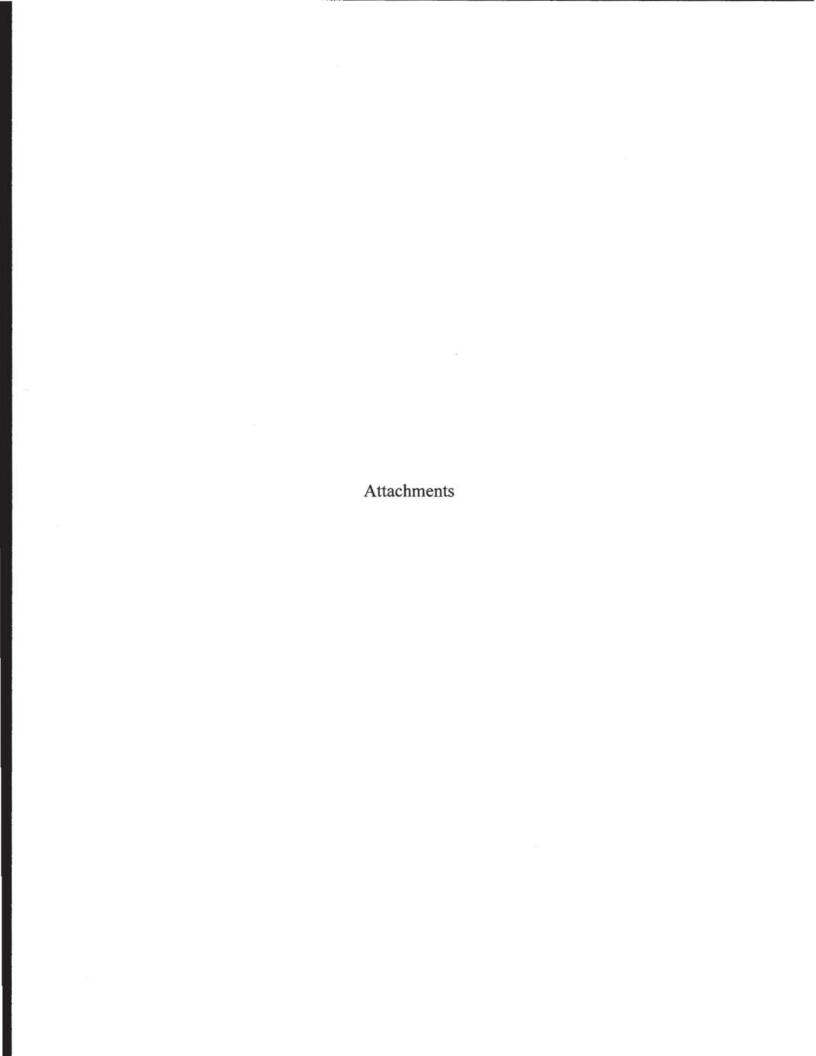
P. THE ST. P. LEWIS CO.	tion - Agent / Carrier lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	519905
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<039>	Contact Email Address - Email Address of person identified in data line <030>	creno@unionwireless.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting car	rier. I
also certify that I am an officer of the reporting carrier; my agent; and, to the best of my knowledge, the reports and d	onsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authori provided to the authorized agent is accurate.	ced
Name of Authorized Agent:		
Name of Reporting Carrier:		, S
Signature of Authorized Officer:	Date:	_
Printed name of Authorized Officer:		00.00
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent	Authorized to File Annual Reports for CAF or LI Recipie	ents on Behalf of Reporting Carrier
강도하다 하지 않는데 하기 있는데 가지 않는데 얼마나 하지만 하지 않는데 하는데 하게 되었다면 하는데 하지만 하지만 하다.	norized to submit the annual reports for universal service support reporting carrier; and, to the best of my knowledge, the informat	: [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Agent	t	
Telephone number of Authorized Agent or Employee of Ag	gent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	



(700)	Price Offerings including	Voice	Rate	Data
Data	Collection Form			. 14

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	519905
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<039>	Contact Email Address - Email Address of person identified in data line <030>	creno@unionwireless.com

<701> Residential Local Service Charge Effective Date

1/1/2014

<702> Single State-wide Residential Local Service Charge

<703>

State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fee
WY	N/A		MS	40.0	0.0	0.56	0.0	40.56
UT	N/A		MS	40.0	0.0	0.56	0.0	40.56
CO	N/A		MS	40.0	0.0	0.56	0.0	40.56